| ٠. | - | _ | | | | | 680,379 | | | |
|--|--|--|---|------------|---|-----------------------------|---------------------------------------|--|---|---|
| | 6ASIC FEE (37 CFR 1.16(a)) | (Colum NUMBER | | (Calumn 2) | | SMALLE | ENTITY | OR ' | Off | HER THAN |
| • | TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT CLAIM (37 CFR 1.16(b)) | inus 20 🚊 . | | | RATE × s 25 = | \$ | OR | RATE | Ff | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16/41) | | | | 71 | x <u>s 100</u> | | OR OR | x s <u>50 </u> | |
| | CLAIMS AS AMENDED - PART II | | | | | + 5:18Q | OR . | ,360 | | |
| | Total Grant Liggil Total Grant Liggil | COLUMN 1) (COLUMN 1) (| | | 2 x s + s + s + o o o o o o o o o o o o o o | 25 = 100 = 180 = AC TION FE | ADDI. FIONAL FEE O OF OR DOI: NAL | PR | 50 = 20Q | THAN ENTITY ADDITIONAL FEE ADDITIONAL FEE |
| | # COMMOCRIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | O ₌ | OR OR | × 5 20 + 360 TOTAL | | |
| AMENDMENT | CL REM AF AMEN | Jan 1) AIMS AIMING TER IOMENT Minus Minus | (Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR | 표 | RAT | E AODI | | ADD'(F | AL TIC | DDI- DNAL EE |
| | If the entry in column 1 is | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d)) If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20. If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20. If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". In the Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3". If the incompation is required by 37 CFR 1.16. The information is required to obligation, Confidentiality is governed by 31 to 10 | | | | | OR OR OR OR | x s 200 x s 200 + ,360 TOTAL ADO'L FEE |) <u> </u> | |
| including gathering prescription. Confidentiality is governed by serviced to obtain a serviced to obtain a serviced box in column to | | | | | | | | | | 1 |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering) preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THIS